

**Department of Health and Human Services
Division of Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency (SAPTA)¹
Differences between the State Incentive Grant (SIG) and the Strategic
Prevention Framework State Incentive Grant (SPF SIG)**

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Overview

The original State Incentive Grant (SIG) was a capacity-building and program implementation grant focused on reducing substance abuse risk factors and increasing protective factors among 12-25 year-olds. The SIG required communities to accomplish this by implementing best practice and model programs that addressed the target populations and risk factors identified for each community. Some of the types of programs that have been implemented through the SIG include parenting programs, Boys and Girls Club programs, mentoring programs, and other best practices that address identified needs of children, youth, families, and communities.

The Strategic Prevention Framework (SPF) SIG, on the other hand, is an infrastructure grant in Nevada that focuses on reducing alcohol-related motor vehicle fatalities (ARMVF) among 16-24 year-olds. The SPF SIG's method of accomplishing this is through the implementation of the Strategic Prevention Framework (SPF). This five-step model requires assessment of data related to substance abuse problems to determine the consequences that place the greatest burden on the state. The emphasis on data-driven decision-making is one of the factors that sets the SPF SIG apart from the SIG.

Under the SPF SIG, the state and the 13 funded coalitions are required to complete all of the five steps of the SPF process, sequentially, which are:

1. Assessment
2. Capacity Building
3. Planning (the development of a strategic plan)
4. Implementation
5. Evaluation

It was determined through the SPF SIG data-driven decision-making process that reducing ARMVF among 16-24 year-olds in Nevada was the number one priority. This decision was made in a multi-tiered process. The State Epidemiological Workgroup (SEW) reviewed an extensive list of data linked to substance abuse related problems. Using severity, magnitude, trend, and national comparison information the SEW prioritized the top four prevention needs, based on the available data. The SIG State Advisory Committee and the federal funders reviewed the four prioritized areas and based on available data narrowed the scope of the SPF SIG to ARMVF. Next communities will assess and prioritize what the intervening variables (causal factors) are that relate to local ARMVF and will develop a plan and strategies to address

¹ The Division of Mental Health and Developmental Services (MHDS), Substance Abuse Prevention and Treatment Agency (SAPTA), was previously known as the Health Division, Bureau of Alcohol and Drug Abuse (BADA).

those intervening variables in their communities. Some of the intervening variables that research links to ARMVF are:

- Easy Retail Access to Alcohol
- Low Enforcement of Alcohol Laws
- Easy Social Access to Alcohol (parties, peers, family)
- Social Norms Accepting and/or Encouraging Abusive Drinking (peer, family, community)
- Promotion of Alcohol Use (advertising, movies, music)
- Low or Discount Pricing of Alcohol

Some strategies linked by research to mitigating these variables include:

- Bans on Alcohol Price Promotion/Happy Hours
- Restrictions on Alcohol Advertising
- Media Advocacy to Increase Community Concern About Abusive/Binge Drinking
- Social Event Monitoring and Enforcement (keg registration laws)
- Enforce Alcohol Laws (compliance checks, sobriety checkpoints)
- Limit Number of Retail Outlets in Defined Geographical Areas

A further difference between the SPF SIG and the SIG is that while the SIG focused primarily on programs for individuals the SPF SIG seeks to make change at the community level. Therefore, the SPF SIG encourages a greater focus on environmental strategies. With this difference combined with the SPF SIG's emphasis on data-driven decision-making, the SPF SIG introduces a new way of conducting prevention planning, service implementation, and evaluation both at the national level and in Nevada.

Summary of Differences

- **Data-driven decision-making:** The SPF SIG requires grantees to systematically and logically tie epidemiological and other data to the priorities they choose to address. At the state level, an epidemiological workgroup has reviewed data and participated in the decision-making process.
- **Outcomes-based prevention:** The SPF SIG requires grantees to address outcomes related to prevention, including the National Outcome Measures (NOMs).
- **Substance abuse factors:** The SPF SIG will focus on specific consequence and consumption factors. The consequence factor will be ARMVF, and the SPF SIG will seek to impact ARMVF rates by reducing the consumption factors that lead to ARMVF. The SIG, on the other hand, did not specify consequences and consumption factors. Rather, it focused more broadly on reducing risk factors, the use of alcohol, and other drugs.
- **Target population:** The SIG implemented programs specifically targeting 12-25 year-olds individually or within the context of their families, schools, or communities. The SIG target population is determined by the Substance Abuse and Mental Health Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), the federal grant source. The SPF SIG, while focusing on reducing ARMVF among 16-24 year-olds, seeks to do this through broad population-based strategies that are driven by research and data.

- Implementation: The 51 SIG funded evidence-based programs targeted discrete groups of people. The SPF SIG will be population-based and have a greater emphasis on environmental strategies.
- Planning model: The SIG utilized the Communities That Care and CSAP's Seven-Step models, which focus on reducing risk and protective factors that predict substance abuse. The SPF SIG uses the SPF model that focuses on data-driven decision-making to reduce causal factors that lead to the identified priority of ARMVF.
- Funding allocation: The SIG was a competitive grant at the local level. The SPF SIG funding as part of the plan approved by CSAP will be distributed only to Nevada's thirteen substance abuse prevention coalitions.
- Direct services programs: The SPF SIG, unlike the SIG, will not have a component dedicated to funding subrecipients that implement model programs for individuals.